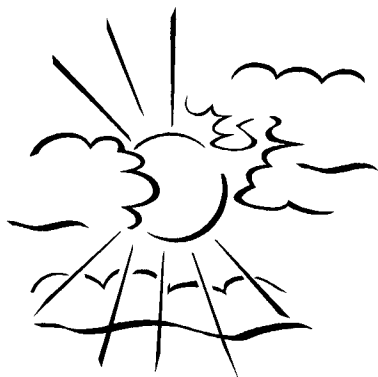


***Department
of
Human
Services***

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Articles in Today's Clips

Wednesday, March 1, 2006

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TOPIC	PAGE
*Child Abuse/ Neglect/Protection	2-18
*Health Care	19-30
Elder Abuse	31
Infant Mortality	32
Heating Assistance	33
Charities	34
Early Childhood Development	35-36

*Important story at this spot

MIRS

February 28, 2006

Udow On Caseworker Ratios

Department of Human Services (DHS) Director Marianne **UDOW** said she does not know when the internal investigation into the Ricky HOLLAND murder will be completed.

She told *MIRS* she does not want to rush to judgment on what her department did or did not do on that case.

She said it is too early to conclude there was any negligence on the part of caseworkers assigned to Holland's case.

Udow testified on Tuesday before the House DHS Appropriations Subcommittee and conceded that even with the addition of 51 new Protective Service Caseworkers, the state will still not meet national standards, which include having a 15-to-1 ratio of caseworkers to children.

In some cases, the current ratio is 25 to one and as high as 60 to one in others.

"We believe (that) is an unacceptable caseload with this critical population, (it) puts our children at risk ..." Udow said about the ratio.

On not meeting the national standards Udow said the new workers, "will bring us somewhat of the way, but not all of the way to where we need to be in terms of what our caseload should be."

Committee members were told that overall staffing in the department is the "lowest it has been in 35 years" and that while the staff has dropped by 27 percent, the caseload has skyrocketed by 57 percent.

The federal budget compounds the problem because it cuts \$58 million from the program to collect overdue child support payments.

Udow says she and State Supreme Court Justice Maura **CORRIGAN** are working with the Michigan congressional delegation to reverse the federal budget reductions. She said there is no guarantee they will be successful.

The loss of the federal support could result in the loss of \$300 million to parents in the next five years.

*(Contributed by Senior Capital Correspondent Tim **SKUBICK**.)*

Senate Committee Supports Ruffin Appointment

The first children's ombudsman subject to approval from the Senate passed through the Senate Families and Human Services Committee with little fanfare.

Committee members were satisfied with the answers Verlie **RUFFIN**, Gov. Jennifer **GRANHOLM**'s choice for ombudsman, gave to all of their questions.

"I do believe we heard from the person that is perfect for this job, who has heart and passion," said Sen. Bill **HARDIMAN** (R-Kentwood). "I'm very excited."

If she is approved by the Senate, Ruffin will help abused and neglected children by pursuing complaints of child abuse and neglect, recommending policy changes to the Legislature and taking action against those who abuse and neglect children.

Ruffin is the first Children's Ombudsman appointee to go before the Senate. The Legislature changed this rule in 2004 as a way to place more emphasis on the importance of the position, Hardiman said.

In light of the recent child abuse case involving 7-year-old Ricky **HOLLAND**, who was allegedly abused and murdered by one or both of his adoptive parents, committee members asked Ruffin what she would do to further protect children from such abuses.

Following the boy's death there was some question as to whether Children's Protective Services (CPS), which Ruffin would be working with, handled his case. Some are concerned the department didn't respond to assertions that Holland was being abused.

"I believe we've gotten all of the information we can get from the department and we'll move forward in a collaborative effort," Ruffin said of the case.

Ruffin said if she's appointed, she would make a real effort to keep more kids with relatives rather than putting them in the foster system. She would also do more to train parents about the foster care system.

Committee members also wanted to know if Ruffin would act independently of the Department of Human Services (DHS).

"I want to make sure we're autonomous and don't have pressure from anyone in doing that," Ruffin said.

All of the members agreed to hand Ruffin over to the Senate Government Operations Committee with favorable recommendation.

Published March 1, 2006

Autopsy: Ricky abused Injuries found; cause of death undetermined

By T.M. Shultz
Lansing State Journal

Fresh fractures to Ricky Holland's upper body and face just before his death show a pattern of abuse, pathologists say, but they still don't know how the 7-year-old Williamston boy died - only that it was homicide.

Ingham County Medical Examiner Dr. Dean Sienko and Dr. Joyce DeJong, medical director of forensic pathology at Sparrow Hospital, said Ricky could have died from wounds other than those fractures, but because insects and bacteria had eaten away the boy's soft tissue, there was no way to tell exactly what killed him.

"I think there may have been other injuries that we just couldn't see," DeJong said at a Tuesday news conference in Lansing.

She declined to discuss what Ricky's last moments may have been like for legal reasons: She said she's been called to testify at Ricky's parents' preliminary hearing on Thursday.

Tim and Lisa Holland face open murder charges in their son's death. A preliminary exam for the Hollands began Tuesday and continues today.

"We believe the injuries discovered clearly demonstrate a pattern of abuse by others and violence to Ricky Holland at a time shortly prior to his death," Sienko said.

Both Sienko and DeJong declined to release specific autopsy details because of the ongoing hearing.

Last month, police testified at a court hearing that Ricky's remains revealed fractures to his nose, jaw, right elbow and shoulder blade.

Tim Holland told detectives his wife struck Ricky twice in the head with a hammer, but Lisa Holland said her husband killed him, according to the testimony.

Sienko and DeJong did say on Tuesday that the boy had fewer than 10 fractures, but they declined to say if Ricky suffered a blow to his skull. That, they said, will come out in court.

One of the fractures had begun healing, Sienko and DeJong said, but the others had occurred right around the moment of death.

Fractures begin healing almost immediately, DeJong explained, but the signs of healing can take hours or even a few days to show up.

The autopsy also could not determine exactly when the youngster died.

"There's an entomology report that indicates he died before September, but that's as close as we can come," DeJong said.

Ricky's parents reported him missing July 2. His body was discovered Jan. 27 in a wetlands area in rural Ingham County.

DeJong also said the autopsy - which was conducted with the help of a Michigan State University forensic anthropologist - could not determine whether Ricky was malnourished.

Sienko said Ricky's body still is at Sparrow Hospital in Lansing, and no decisions have been made about when to release the body or who can claim it.

Several people have asked for the body, including Ricky's biological mother and Tim Holland's relatives, Sienko said.

Contact T.M. Shultz at 377-1061 or tshultz@lsj.com.

Published March 1, 2006

Neighbor testifies boy felt unwanted Ricky said parents wished he wasn't theirs, man says

By Kevin Grasha
Lansing State Journal

MASON - Seven-year-old Ricky Holland told a neighbor last May he overheard his parents "saying they wished they didn't have him," according to court testimony given Tuesday.

Later, apologizing for his son breaking into the neighbor's house, Tim Holland said Ricky had "Ted Bundy disease."

That testimony came on the first day of Tim and Lisa Holland's preliminary hearing, which will determine if there is enough evidence for the murder case against them to go to trial.

"(Ricky) said he heard them talking," neighbor Richard Cole Jr. testified in district court, "saying they wished they didn't have him - that they wished they had another baby."

Ricky's badly decomposed body was found Jan. 27 in rural Ingham County; he was reported missing by his parents in July.

Cole, who lives across the street from the Hollands' Williamston home, discovered Ricky in his kitchen the morning of May 9, drinking a Snapple iced tea taken from his refrigerator.

When he asked Ricky what he was doing, "He said, 'I'm a runaway child,' " Cole testified.

After figuring out who the boy was, he walked him home, where he handed him to a puzzled Tim Holland.

Cole testified Tim Holland came to his house about 20 minutes later, apologized, saying Ricky had been "kicked out of every school in Jackson," and that the family "couldn't own any pets because Ricky would kill them."

He also said Tim Holland claimed Ricky had "Ted Bundy disease."

Andrew Abood, an attorney for Lisa Holland, challenged Cole's testimony, saying it was different than what he earlier told police.

"You've added facts today that aren't in either report," Abood said in court.

Assistant Prosecutor Mike Ferency also gave notice Tuesday he will charge Tim and Lisa Holland with first-degree child abuse.

He said the abuse could have occurred between September 2001 and July 2005, and evidence that Ricky was breaking into people's homes for food because his parents were withholding it would demonstrate there was "serious mental harm."

But Dr. Aurif Abedi, a child psychiatrist who diagnosed Ricky with attention-deficit (hyperactivity) disorder and bipolar mood disorder, testified Tuesday he saw no evidence of abuse.

"I did not have concerns he was in any way badly treated at home," said Abedi, who estimated Ricky visited his office about 30 times over three years beginning in 2001.

Abedi also testified he approved of harnesses Lisa Holland had Ricky use when the boy rode the school bus; a practice Ferency said pointed to evidence of mental abuse.

"I went along with it, because of concerns about his safety," Abedi said.

After the daylong hearing in which nine witnesses were expected to testify - only three did - Lisa Holland's co-counsel Mike Nichols said it was only "the start of what's going to be a long, long, long case."

Contact Kevin Grasha at 267-1347 or kgrasha@lsj.com.

Boy felt unwanted, neighbor testifies

Slain child's troubles focus in parents' hearing

March 1, 2006

BY JACK KRESNAK
FREE PRESS STAFF WRITER

Lisa Holland listens during the hearing Tuesday. She and her husband are said to have blamed each other for their adopted son's death. (STEPHEN McGEE/Detroit Free Press)

MASON -- After finding his 7-year-old neighbor rummaging through the refrigerator at his Williamston home last May, Richard Cole Jr. told the boy that he'd have to go home because his parents must be worried.

" 'They don't want me,' " Cole said the boy, Ricky Holland, told him. " 'I'm a runaway child.' "

Two months later, Ricky was gone. His skeletal remains were found Jan. 27 in a remote area, and the boy's adoptive parents, Tim and Lisa Holland, are accused of killing him.

During the first day of testimony Tuesday at a preliminary examination for Ricky's parents, prosecutors attempted to lay a foundation for what they contend was long-term emotional and physical abuse of Ricky.

But much of the testimony in 55th District Court in Mason portrayed Ricky as a disturbed boy who was under the care of a child psychiatrist in Jackson for more than three years and needed psychotropic medications to function.

Whether Ricky was an emotionally disturbed child before he came to live with the Hollands or whether the Hollands somehow made him into a troubled boy could become a key issue in the trial, if the case proceeds to Ingham County Circuit Court.

An autopsy of Ricky's remains leaves many unanswered questions about his death.

Ingham County Medical Examiner Dean Sienko released a public statement on his findings Tuesday, concluding that Ricky's death was a homicide.

There were multiple bone fractures. Some on his upper body and face were fresh, while others showed signs of healing and predated the others, Sienko said.

That, combined with the circumstances of how Ricky's body was found -- in a garbage bag in a field -- led Sienko to conclude he had been killed.

The Hollands reportedly have blamed each other for Ricky's death, although what the couple allegedly told police has not been introduced yet in court testimony.

The couple adopted Ricky in Jackson County when he was 3. Later, they adopted his biological siblings.

Cole testified that after he guided Ricky back home on the day he found him in the refrigerator, Tim Holland came over to say he was sorry and to explain his son's problems.

Tim Holland told him that Ricky "was a pain" and that he'd been "kicked out of every school in Jackson," Cole said. He also told Cole that the family couldn't have any pets because "Ricky would kill them."

Cole said he later saw a dog in the Hollands' backyard, although he couldn't say for sure it was a family pet.

Tim Holland also told Cole that Ricky suffered from "Ted Bundy disease."

The reference to the serial killer was not explored, although Dr. Aurif Abedi, a child psychiatrist at Foote Hospital in Jackson, said he had never heard of such a thing.

Abedi was the first witness Tuesday, and said he never suspected that the Hollands abused Ricky.

"He was a very cute, hyperactive, on-the-go child," Abedi said. "He was very smart, I'll give him that."

Ingham County Assistant Prosecutor Michael Ferency said he would seek first-degree child abuse charges as well as murder charges against the Hollands.

The preliminary exam is expected to last several days and likely will carry over into next week, attorneys said.

*Contact **JACK KRESNAK** at 313-223-4544 or jkresnak@freepress.com.*

Ricky's mom seeks body

Birth mother wants to bury boy state says was victim of murder

Karen Bouffard / The Detroit News
March 1, 2006

MASON -- The Ingham County medical examiner doesn't know exactly what killed Ricky Holland, but he knows that it was murder.

Which makes Casey Jo Caswell, the 7-year-old boy's birth mother, even more determined to reclaim the remains of her child -- whom prosecutors say was killed by his adoptive parents -- and give him a decent burial.

Ingham County Medical Examiner Dean Sienko released the results of Ricky's autopsy Tuesday in Lansing, at the same time as the preliminary hearing was under way in nearby Mason for Tim Holland, 36, and Lisa Holland, 34, who adopted Ricky in 2003.

While some relatives have phoned the medical examiner's office inquiring about Ricky's remains, according to Sienko, Caswell is the only relative so far to step forward with a formal request to claim them. Sienko said he cannot release Ricky's body to anyone until he determines the legal next of kin, which is a complicated issue.

"I asked, 'Please, can I get the remains so he can get what he deserves, instead of getting buried by a family that (allegedly) killed him?' " said Caswell, of Lansing, who was a 16-year-old with a ninth-grade education when she gave birth to Ricky. Child protective services workers took Ricky -- who was 3 -- because she was unable to care for him.

"I loved him," said Caswell, now 25.

Sienko said the decomposition of Ricky's body -- he disappeared in July and his body was discovered in January -- limited the investigation to skeletal remains and prevented an exact cause of death.

"Nonetheless, we believe the injuries discovered clearly demonstrate a pattern of abuse by others in violence to Ricky Holland at a time shortly prior to his death," Sienko said.

The medical examiner cited multiple fractures in Ricky's face. Some are believed to have occurred around the time of his death; one already had started to heal, and so is believed to have occurred within a short time of his murder.

"The injuries to Ricky's body, in conjunction with his sudden, bizarre disappearance and his discovery in a remote area wrapped in plastic bags, support a conclusion that his death was the result of harmful, volitional actions committed by another or others," Sienko said.

Tim Holland told detectives that his wife struck Ricky twice in the head with a hammer, but Lisa Holland said her husband killed him, according to court testimony by detectives.

At the preliminary hearing, the Foote Hospital psychiatrist who treated Ricky Holland in Jackson from September 2001 to July 2004 testified that he never witnessed explosive outbursts from the boy.

Dr. Aurif Abedi first diagnosed Ricky as having attention deficit hyperactivity disorder and later as having bipolar disorder, according to his testimony.

First, Ricky appeared to be a "normal ADHD kid," the doctor said.

But Lisa Holland reported to him that Ricky's behavior became progressively more impulsive and explosive during the time he was under treatment, Abedi said.

The psychiatrist said he told Lisa Holland to take Ricky to a hospital emergency room during one of his explosive outbursts so a medical professional could witness the episode. She never took Ricky and he never witnessed what Ricky's adoptive mother had described as a "meltdown." Attorneys for the parents asked that the psychiatrist not be allowed to testify because such information typically is privileged. Ingham County Assistant Prosecutor Michael Ferency argued that it should be permitted.

"One of the issues is how truthful Lisa Holland was it was manipulative, intended to have the doctor become an unwitting ally in the persecution of Ricky Holland," Ferency said.

Abedi first saw Ricky on Sept. 13, 2001, while the boy still was living with the Hollands as a foster child. He had been referred to the doctor for a psychiatric assessment by a therapist at Catholic Social Services in Jackson.

"He was a very cute, hyperactive, on-the-go child," Abedi said. "He was very smart, I'll give him that. He came across as very smart."

Ferency asked Abedi if Ricky's behavior was grossly different from other children his age.

"He was a very typical ADHD kid," the doctor said. "He had some degree of opposition/defiant behavior, but that's very typical."

The preliminary hearing continues today in Mason district court, south of Lansing.

The Associated Press contributed to this report. You can reach Karen Bouffard at (734) 462-2203 or kbouffard@detnews.com.

Wednesday, March 01, 2006
Detroit News
Letters

How Michigan should prevent child deaths

More workers no cure-all

The governor vowed to investigate the handling of Ricky Holland's case by the state Department of Human Services and called upon legislators to approve her 2007 budget recommendation, which would add 51 children's protective services workers ("Granholm's knee-jerk blame game is offensive," Feb. 18).

The inability to protect Ricky was due either to the ineffective performance of the current personnel and/or to the failed protocols under which they operated. Until the root causes are addressed, simply throwing more workers at this problem will be a wasted effort.

William Walker
West Bloomfield

Treat child workers better

When the Michigan Department of Human Services begins to treat its Children's Protective Services workers with respect, I am certain that their performance will improve.

Rebecca Ryce
Detroit

Fix department's problems

I find the Department of Human Services director's defensive response ("Don't prematurely judge Ricky Holland case," Feb. 16) in regard to the Ricky Holland case irresponsible. In another high-profile child death case, Ariana Swinson, a 2-year-old from Port Huron, was beaten to death by her father in 2000 after being taken away from and then returned to a very abusive home. And here we are today. Another child within the system has died a horrible death. I hope this time the department seriously focuses on its inadequacies.

J. Meyers
Westland

Agencies don't do their jobs

The news reports on the Ricky Holland case were appalling. Elizabeth Carey and Marianne Udow claimed under-funding as the problem. The problem was that the agencies involved did not do their jobs. I would like to see an investigation into all the agencies involved. They had much cause to look into various reports.

Phyllis Litwak
Canton Township

Blame GOP, not Granholm

Since being elected in 2002, Gov. Jennifer Granholm has worked to overcome the enormous budget deficit created by the mismanagement of the budget by her predecessor, John Engler, and the relentless efforts of the GOP-controlled Legislature to all that it can to defeat her efforts.

The governor is correct in laying the blame for the pathetic state of Michigan's protective services right where it belongs, on the GOP Legislature. It took Engler and the Republicans 14 years to get us into this position. Granholm is working to get us out of it.

Jules B. Olsman

Huntington Woods

Agency must be responsible

I found the Feb. 16 letter quite incredible as Marianne Udow, the director of Michigan Department of Human Services, tried to blame The Detroit News for its criticism of the way her department handled the Ricky Holland case. It is very unfortunate that she is more interested in the bad publicity her department received than the bad case management that was involved with the protection of Ricky Holland.

I find very little comfort, that in my profession, if I fail to notify the authorities of potential abuse taking place with my patients, I could be charged and punished by the same organization that was supposed to protect children like Ricky.

Donald A. Michael

Quincy, Mich.

Boy's Remains Too Decomposed For Cause Of Death

Adoptive Parents Face Open Murder Charges

POSTED: 2:57 pm EST February 28, 2006

LANSING, Mich. -- Ricky Holland's remains were too decomposed for an autopsy to confirm the cause of death, but the 7-year-old had fresh breaks in the bones in his upper body and face at the time of his death, medical officials said Tuesday.

The results of the month-long autopsy were released on the same day a preliminary hearing began for the boy's adoptive parents, Tim and Lisa Holland, on charges of open murder.

"We believe the injuries discovered demonstrate a pattern of abuse by others and violence to Ricky Holland at a time shortly prior to his death," Ingham County Medical Examiner Dean Sienko said at a Lansing news conference.

"The injuries to Ricky's body, in conjunction with his sudden, bizarre disappearance and his discovery in a remote area wrapped in plastic bags, support a conclusion that his death was the result of harmful, volitional actions committed by another or others."

A preliminary autopsy showed that Ricky's elbow, shoulder blade, nose and upper jaw were broken at or near the time of his death. Tim Holland told detectives that his wife struck Ricky twice in the head with a hammer, but Lisa Holland said her husband killed him.

Ricky vanished from his Williamston home 15 miles east of Lansing last Fourth of July weekend. Volunteers, dive teams and K-9 units scoured roads, woods, fields, lakes and rivers around the Holland house for 10 days in ever-widening circles. Through it all, Ricky's adoptive parents told searchers and the media that he'd run away.

During the preliminary hearing, Ingham County Assistant Prosecutor Michael Ferency called as his first witness a Jackson child psychiatrist Ferency said may have been an "unwitting ally in the persecution of Ricky Holland."

Aurif Abedi, who works at Foote Hospital, treated Ricky in Jackson until 2004.

"He was a very cute, hyperactive, on-the-go child," Abedi said on the stand. He added that the boy also was very smart.

A victim of abuse, a story of success

Local woman says adoptive parents saved her, advocates taking in older children

Monroe News

Story updated February 25, 2006 11:36PM

Nicole Baehr is a success story. But that success would not have been possible if not for Lynda and Vince Castiglione, who hoped to adopt a baby, but instead chose an older child. Years ago the Monroe couple had begun their family when their son, Vincent, was born. Not able to conceive again, the two turned to adoption for their second child.

It could be said that Nicole was born again at age 5, the moment the little girl with the beaten body crawled onto Mrs. Castiglione's lap.

"It was just a natural," Mrs. Castiglione said. "She belonged to us."

"It was meant to happen," added Mr. Castiglione.

Nicole escaped her hell in Indiana, where she spent her early years locked in a closet for weeks at a time. The beatings were regular and vicious. Once, her arms were pulled out of the sockets and just hung there. She had been starved.

One day her biological mother spotted a rat. She killed it, threw it in a fry pan and tried to serve it tail and all to Nicole.

The biological mother, now dead, was a drug addict. Nicole never saw her biological father, who was in prison and, for all she knows, still is there. Her stepfather sexually abused her.

New parents, new life

As a child, she didn't know another way of life existed. As terrible as it was, that's the only way she saw it — until the Castigliones entered her life.

When they first saw her through an adoption agency, Nicole was malnourished and had little hair. But the bond was immediate. They took her home.

"God picked me for them," Nicole said. "If it wasn't for them, I wouldn't be here. They saved my life."

Today, Nicole is a charming 26-year-old woman who smiles regularly and laughs easily. Pretty

and petite, she has been married to Rodney Baehr for three years and the two live in a home they own in Temperance. She is a beautician for Miracle Salon & Spa in Temperance, likes to cook and enjoys her friends.

Although her abusive past is a lifetime ago and she has been able to put it behind her, Nicole hopes that her success can be shared. She wants others who have suffered to know that counseling and open discussion can help.

"Talking about it, getting my story out there is huge therapy for me," she said. "It's not bottled up. That has helped me to heal."

Above all, she advocates for older-child adoption. Like so many couples willing to adopt, the Castigliones were hoping for a baby brother or sister for their son, now 28. But they happily changed their minds and took in a 5-year-old instead. That decision changed all their lives for the better.

Nicole understands the desire for couples to adopt infants, but, she said, adopting someone older is an act of kindness for that child.

"I thought she was entitled to a childhood," Mrs. Castiglione said. "She needed to learn how to play. She didn't even know what a crayon was."

Nicole assumes she was treated poorly because she was in the way. When her biological mother married her stepfather, they had two boys.

"I was baggage," she said.

After her rescue, Nicole had to learn how to do simple things a child should know. She had to learn to play, to run, to have structure, to enjoy a birthday, to be loved.

She learned quickly and as she grew older, she led a normal life: sports, boys, homework, dances, family. She graduated from Monroe High School in 1998.

Lasting effects

It was during her middle school years that the Castigliones discovered her childhood abuse had lasting physical effects.

She suffered a seizure in the middle of the basketball floor due to syncope, an affliction where the blood pressure drops, causing temporary lack of oxygen to the brain. She sometimes passed out eight to 10 times a day.

Mr. Castiglione, who worked a swing shift, remembers sleeping with the telephone next to him just in case he was needed.

Nicole also has been through more than 20 surgical procedures to correct problems, mostly in the

joints due to her malnutrition as a child.

She dismisses these as inconveniences of life. Instead, she prefers to be grateful for what she has and looks forward to the day when she can be a mother and raise her own children.

There were concerns about parenthood because of her past, but Mrs. Castiglione is quick to reassure her that she will be an excellent mother.

"She used to be worried," Mrs. Castiglione said. "But I told her the cycle has been broken."

Nicole is frank about her past and for her talking about it helps. She hopes that others who have gone through similar experiences will come forward and talk about it to someone they trust. She also wants them to know that it's not their fault.

"I'm very self-conscious, but I'm not afraid to talk about it and I'm not ashamed," she said. "It can make you feel like it's your fault. It's not."

But those days of fear and second-guessing are long gone. Now the most important people in her life are her husband, family and friends. And it has been that way for years.

Twenty-one years ago this month, the Castigliones saved a little girl's life and, at the same time, gained a daughter who blossomed into a confident, energetic young woman. She needed them and they needed her.

"I can't help but be impressed with how she turned out," Mrs. Castiglione said. "I'm not sure too many people could have survived what she went through. She's just a joy."

Nicole can be reached by e-mail at nicole03@buckeye-express.com.

Shooter had troubled past

Man was abused, records show

March 1, 2006

BY JOE SWICKARD
FREE PRESS STAFF WRITER

Kevin Collins, whose rage erupted Sunday in gunfire that took two lives before he killed himself, was an abused and troubled child fascinated with guns and violence who threatened to blow his teacher's head off, according to Wayne County Family Court records.

As a fourth-grader, he had two wishes: going to a new school and living in Disneyland. Collins, a 22-year-old Detroit man who police say shot and killed his estranged girlfriend's mother in an east-side church before shooting a man in the chest during a carjacking, was one of 11 children removed from their home because of "repeated severe abuse and neglect," the records said.

According to the reports: Sewage was in the basement, and the kids were beaten with broomsticks and pliers. One got stomped by the father for eating leftover chicken. The mother and father drank, battled and finally split up. The father stayed around Detroit for a while, and the mother left for Virginia.

The number of children apparently made it impossible for them to be kept together, and they were placed with relatives and foster homes.

Collins allegedly threatened his second-grade teacher, one of numerous references in the records to his violent and aggressive behavior. One report linked his fascination with weapons to seeing an uncle shot to death.

The files also stated he would likely have difficulty making and maintaining meaningful relationships.

He was charged as a juvenile in 1998 with aggravated assault, but the charge was dismissed for insufficient evidence.

On Sunday, enraged at Jamika Williams -- with whom he had an infant daughter -- Collins took a sawed-off shotgun to Zion Hope Missionary Baptist Church and killed her mother, Rosetta. Four blocks away, he shot Alarie Davis while trying to steal a car from Davis' wife. Davis died early Monday.

On Tuesday, radio host Mildred Gaddis of WCHB-AM (1200) presented \$30,000 from listeners to Davis' widow, Victoria.

Police said Collins and Jamika Williams had filed complaints against each other alleging assaults and threats.

The oldest of the 11 children, Sherita Maria Scott-Kelley, said Tuesday that her brother feared Williams' friends but he is now being portrayed "like some scorned villain."

Scott-Kelley, 25, who lives in Minnesota, said she urged Collins to leave Detroit as a city "with all that evil going around."

She said her brother tried to call her four times Saturday night, but they never connected.

Contact **JOE SWICKARD** at 313-222-8769 or jswickard@freepress.com.

Michigan business

State medical society plan seeks universal health care

March 1, 2006

BY KATIE MERX

FREE PRESS BUSINESS WRITER

The Michigan State Medical Society is calling for universal health care in a report it plans to release publicly today.

The Future of Medicine report includes a 47-point action plan for Michigan.

Included on the agenda are:

Determining what constitutes the bare minimum level of health care every Michigander should receive.

Simplifying health plan benefits so it's easier for patients to know what coverage they have and for health-care providers -- such as doctors and therapists -- to do such things as file claims.

Promoting a culture of healthy communities.

Establishing a high-quality, financially efficient system that ensures every Michigander has access to health care.

The medical society developed its Future of Medicine plan, with help from Lansing-based think tank **Public Sector Consultants**, by asking 67 leaders in business, health care, government and labor about what the state of health care should be in five years.

The group planned to release the report to those participants in Lansing today.

"Efforts to this point really haven't gotten the job done in health care," said Dr. John MacKeigan, a colorectal surgeon and vice president of medical affairs at **Michigan Medical P.C.** in Grand Rapids. MacKeigan chaired the Future of Medicine committee. "In this state, we've got the auto companies, the largest unions, four great medical schools and a really dedicated Legislature and public. ... In Canada, the national health-care system started in one province. If we can't find a solution in this state, what state can?"

MacKeigan said the idea is not to duplicate the Canadian system or to establish a one-payer health-care system but to ensure everyone has access to good care.

*For more information about the Future of Medicine report, call the Michigan State Medical Society at 517-337-1351. Contact **KATIE MERX** at 313-222-8762 or kmerx@freepress.com.*

State medical society calls for collaboration on universal health coverage

By Michelle Martinez
Crain's Detroit Business

March 01, 2006 1:11 PM

The **Michigan State Medical Society** is calling for statewide collaboration to achieve universal health care in a report it plans to release on Wednesday.

The Future of Medicine report, a 47-point action plan, will be released to more than 40 health care stakeholder groups at the medical society's headquarters in East Lansing.

The society said that the plan is intended to spur action to create a high-quality, cost-effective system that ensures everyone in Michigan has health care coverage, streamline administrative processes to cut costs and to build a culture of healthy living that emphasizes preventive care.

"What's different about this is that it's not a piecemeal approach," said John MacKeigan, chairman of the medical society's task force. "It's broad and sweeping. This state has the major employers, unions and the second-largest nonprofit health care company in the country. If we can't find a solution, my goodness."

The report was based on a study conducted by Lansing-based **Public Sector Consultants**, which asked 67 leaders in business, health care, government and labor about where they thought medicine should be in five years.

The level of consensus among those surveyed was surprising, said Peter Pratt, senior vice president of health policy at Public Sector.

Two-thirds of those interviewed favored some form of universal coverage, and one-quarter felt that Michigan's health care community should be advocating for it.

MacKeigan said that the point was not to push for government-sponsored coverage for everyone, but to come up with ideas for how all state residents could have access to quality care.

Health care system needs to be turned on its head, state leaders say

Wednesday, March 01, 2006

By Judy Putnam
Lansing Bureau

LANSING -- Michigan's health care system should be working harder to keep people healthy, rather than focusing on treating them once they're sick, according to a survey of state business and political leaders released today.

"We really don't have a good, high-functioning, seamless, efficient system," said Dr. John MacKeigan, a Grand Rapids surgeon who headed the Michigan State Medical Society task force that wrote the report. "We can't keep doing what we're doing now, trying to fix it in a piecemeal fashion."

The overhaul should start with streamlining insurance rules, making sure the uninsured are treated early, before complications set in, and adequately reimbursing doctors for supporting patients pursuing healthy living, he said.

"We've rewarded a hip replacement and a cardiac surgery," MacKeigan said of the current insurance system, "but not very much a person who holds a child's hand."

The report surveyed 67 business, political and health care leaders, including 17 doctors, about what Michigan's health care system should look like in 2011.

The leaders surveyed included Michigan State University President Lou Anna K. Simon, Grand Valley State University President Mark Murray, Michigan Chamber of Commerce President James Barrett and Michigan Health and Hospital Association President Spencer Johnson.

The top concern of those surveyed by Public Sector Consultants, a Lansing policy group hired by the medical society, was that patient care be more focused on "evidence-based guidelines" that spell out treatments that work.

"It controls costs because they're not doing a lot of testing and treatment that has proven to be unnecessary," said David Fox, spokesman for the medical society.

The leaders also called for expanded use of electronic records, allowing access by pharmacies, hospitals and doctors offices. The Michigan Department of Community Health recently convened a meeting on that issue.

Two-thirds favored universal health care coverage and MacKeigan said he hopes Michigan will lead on that issue, finding a way in five years to show the nation how to cover everyone in the state.

All of those surveyed said Michigan residents should take more personal responsibility for their health, and one-quarter agree that prevention and wellness should be the hallmark of medicine in the next five years.

More insurance plans should cover wellness care, they indicated.

"We reimburse for treating diseases. We don't reimburse doctors if they tell us what to eat or how to exercise," said Anne Rosewarne, executive director of the Michigan Health Council, which works to ensure an adequate supply of health providers.

She said that the report acknowledges that the state is facing physician and nurse shortages, but she said that problem will have to be addressed first.

The report "isn't going to make any difference if you don't have the people to deliver it. You have to have the personnel, and we don't," Rosewarne said.

Health leaders said the medical society is stepping up to take a role filled by the state health department in the 1970s and the 1980s.

"This is what gets lost when we're in a defensive mentality: Let's fix the Medicaid budget. Let's fix the mental health budget. The overall vision gets set aside," said Mark Bertler, executive director of the Michigan Association for Local and Public Health, representing 45 local departments of health.

Paul Shaheen, executive director of the Michigan Council on Maternal and Child Health, said high costs of treating poor lifestyles will drive the move toward wellness.

"We can't afford to treat all the illnesses we're generating. If we're an obese state, you don't have the money to treat all this sickness," he said.

-- Contact Judy Putnam at (517) 487-8888 x232 or e-mail her at jputnam@boothnewspapers.com.

State probe initially cleared nursing home

Wednesday, March 01, 2006

By Pat Shellenbarger
The Grand Rapids Press

BIG RAPIDS -- Four months after a 50-year-old woman died in a Big Rapids nursing home, a state investigator found no proof she was asphyxiated after her oxygen tank emptied. But more than a year after Sarah Comer died, Michigan Attorney General Michael Cox concluded otherwise. Cox opened his investigation after receiving a tip from someone inside Metron of Big Rapids nursing home where Comer died, said Nate Bailey, a spokesman for the attorney general.

Cox announced Monday he was charging eight former Metron employees -- including the home's former administrator, medical director, five registered nurses and a nursing assistant -- with 18 felonies, including involuntary manslaughter and falsification of medical records to cover up the cause of the death.

Dr. Rudy Ochs, the home's medical director, charged as an accessory after the fact and with neglecting his duty as Mecosta County's deputy medical examiner, released a statement through his attorneys Tuesday denying wrongdoing.

"He knows no details of a cover-up whatsoever," said one of his attorneys, Julie Springstead Waltz, of Hart. "He didn't participate in it, and nobody told him about it."

Ochs, who also has a family practice in Hart, handled Comer's death professionally and asked Mecosta County Medical Examiner Investigator Brent Mason to look into the cause of her death, Waltz said.

But Cox said Ochs, as the home's medical director and the county's deputy medical examiner, had "a clear conflict of interest," and he recommended no autopsy be performed.

Comer died Jan. 16, 2005, about 16 hours after she was transferred to the home from Spectrum Health in Grand Rapids. She was dependent on oxygen and was to undergo rehabilitation for kidney and diabetes complications.

In May 2005, a state Department of Community Health investigator looked into charges that Comer died after the home's staff failed to switch tanks before her tank ran out of oxygen, but the investigator concluded the charge could not be substantiated.

Staff members told the investigator they checked Comer's oxygen level repeatedly and found it to be within normal ranges. The oxygen tank was empty when Comer was found dead at 8:50 a.m. on Jan. 16, the investigator's report said, but it could not be determined if she died from lack of oxygen, since no autopsy was performed.

Metron, based in Cascade Township, operates nine nursing homes in West Michigan and provides home health care, medical equipment and hospice care. The company's founder, Marvin Piersma, and president, Mark Piersma, were unavailable for comment.

A spokesman for Metron said none of the eight charged in the case is currently employed by the nursing home.

In Medicare Maze, Some Find They're Tangled in Two Drug Plans

By ROBERT PEAR
The New York Times

Published: March 1, 2006

KITTANNING, Pa. — Having struggled to fathom Medicare's new drug coverage, tens of thousands of beneficiaries are perplexed to find themselves actively enrolled in two prescription drug plans at the same time.

Shirley D. Beer, who lives in a mobile home here in western Pennsylvania, illustrates the predicament. Mrs. Beer was assigned to one insurance plan by the federal government, then exercised her right to choose another plan and now seems deeply embedded in both.

The first plan still carries her on its rolls and pays for some of her prescriptions, even though she declared four months ago that she wanted to drop out and had joined the second plan, which covers most of the 12 medications she takes for heart problems, high blood pressure and other chronic conditions.

Many Medicare beneficiaries like Mrs. Beer are entangled in two live plans — two "hot plans," in the lingo of pharmacists. The situation leaves patients at risk of being charged two premiums or incorrect co-payments.

The Bush administration acknowledged the problem in a recent memorandum to insurers.

"Numerous beneficiaries have switched plans," the memorandum said. "Our processing systems have not always sent the enrollment and disenrollment information to the appropriate plans." As a result, it said, "many (possibly all) of the beneficiaries who switched plans are active on enrollment files at multiple plans."

The situation illustrates the "computer glitches" that officials say have bedeviled the program since enrollment began in November.

The Medicare agency said it was working with insurers to resolve the "enrollment discrepancies." But it is proceeding with caution because, it said, a sudden, unexpected mass disenrollment could provoke a flood of inquiries and complaints to insurers and the government from puzzled beneficiaries.

Mrs. Beer, a 78-year-old widow who lives here outside Pittsburgh on a government check of \$603 a month, said that her first plan, Gateway, "did not want to let me go," and that the second plan, offered by WellCare, had yet to send her an insurance card.

Medicare records show that Mrs. Beer is now enrolled in WellCare's Signature plan. But she continues to receive mail from Gateway certifying that she is a member. And Gateway's automated telephone information system verifies that she still has coverage.

"This is enough to drive any sane person crazy," Mrs. Beer said, expressing frustration at the uncertainty of her situation.

Pharmacists and beneficiaries around the country report similar experiences. Christopher J. Decker, executive vice president of the Pharmacy Society of Wisconsin, said "it happens fairly routinely" that pharmacists find patients enrolled in two drug plans.

"The plans are often willing to cover the same prescription for the same beneficiary but charge different co-payments," Mr. Decker said. "This creates confusion and problems for patients and pharmacists alike."

James M. Maister, a pharmacist in Lutz, Fla., north of Tampa, said that in some cases involving Medicare patients enrolled in two plans, "both plans have automatic deductions scheduled from the patient's Social Security check."

Health care providers in Florida said they had alerted federal officials because they worried that unscrupulous pharmacists might submit duplicate claims for the same prescription. In an e-mail response, Marisa B. Duarte, an employee in the Atlanta regional office of the federal Medicare agency, said, "We are still working out systems glitches, so having someone enrolled in two plans is common." Federal caseworkers can "verify the exact plan," Ms. Duarte added.

In his radio address on Saturday, President Bush defended the drug benefit. "This new coverage is saving seniors money on their drug premiums," Mr. Bush said. "The typical senior will end up spending about half of what they used to spend on prescription drugs each year."

Under the Medicare drug program, millions of low-income people are entitled to extra help that eliminates their premiums and deductibles and sharply reduces their co-payments.

But when a beneficiary switches plans, Medicare typically provides information on the person's low-income status to only one of the two plans. The other may still be providing coverage without realizing that the person is entitled to a low-income subsidy. This helps explain why some low-income beneficiaries have received bills for premiums they do not owe — \$25 or \$35 a month — while others have been charged \$40 for a drug at the pharmacy, when their co-payments are not supposed to exceed \$5.

Jane-ellen A. Weidanz, the Medicare project manager at the Oregon Department of Human Services, said: "There appears to be a fundamental flaw in the Medicare computer system that transmits information on enrollment of clients and their low-income status. We have clients who changed plans last November. The first plan has information on their low-income status, but the second plan still does not have the information."

The drug benefit is offered by scores of insurers under contract to Medicare. The plans typically cover different drugs.

Jude E. Walsh, pharmacy affairs coordinator for the governor of Maine, said her state had helped 15,000 people switch to plans that would cover more of their medications. "Many of these beneficiaries have been listed as active in two plans at the same time," Ms. Walsh said. "It is hugely confusing."

When a person signs up for a drug plan, the government is supposed to confirm the transaction in a computer-generated report to the insurance company offering the plan. If a person switches plans, Medicare is supposed to send a disenrollment notice to the first plan and a confirmation of enrollment to the second plan. But in some cases, the government mistakenly sent both notices to the second plan, so the first plan did not know that the person had left its rolls.

Moreover, some plans said they had quit processing disenrollments because they could not tell which notices were valid.

Having people enrolled in multiple plans can cause financial headaches for insurers. "Plans have paid claims for beneficiaries who are no longer enrolled in their plan," the Bush administration said in its memorandum to insurers.

The government said it would help insurers determine who should have paid which claims, so they could reimburse one another. If, for example, Plan A paid Medicare drug claims that should have been paid by Plan B, then Plan B owes money to Plan A.

Douglas D. Adkins, the executive director of Dayspring Village, an assisted-living center for people with mental illness in Hilliard, Fla., said the reconciliation process would be difficult. "It's like trying to undo spaghetti," Mr. Adkins said. "It will take a lot of effort to untangle it all." More than one in six Pennsylvania residents is on Medicare. For more than 20 years, the state has had its own program to help older adults with their drug costs. Thomas M. Snedden, director of the program, said he was eager to help 200,000 Pennsylvanians enroll in Medicare drug plans that would meet their needs. But Mr. Snedden said he could not do so because "the federal government cannot yet provide us with a complete, accurate list identifying which state residents are already enrolled in which Medicare drug plans and which people are entitled to low-income subsidies."

Time to mend botched Plan D

Saginaw News Editorial

Tuesday, February 28, 2006

Give us a big government bureaucracy any day if this is the way a huge benefit program works when private insurers hold the reins.

Medicare's new prescription drug benefit is shaping up as the health-care equivalent of the government's botched response to Hurricane Katrina. While snags are bound to occur in the ramp-up for a huge new benefit program, the cavalcade of complaints and confusion -- months after the sign-up period opened -- continue to depress enrollment and are increasing calls for an overhaul.

This after Uncle Sam & Co. had more than two years to implement the new benefit so Medicare beneficiaries received the medicine they need. Congress approved the new benefit in November 2003.

The prescription drug benefit, available to 42 million senior citizens and the disabled, got an inauspicious start when Congress learned that the Bush administration low-balled its cost by nearly \$200 billion. When it was passed, we were critical of a provision that forbid the federal government from negotiating with the pharmaceutical companies to keep drug costs down. Since Jan. 1, when the new "Part D" plan started paying for prescription drugs, beneficiaries have complained about confusion or being denied the medicines they need. At one point, states stepped in to fill the gap (and the prescriptions) as the insurers and federal government tried to get their acts together. Eventually, the Bush administration asked private insurers to provide beneficiaries with a 60-day supply to make sure they made it over any bureaucratic hump. Again, the government and the insurers had more than two years to plan for the program's launch.

Senior citizens remain confused about the number of competing private plans that are available. Nearly as critical of Plan D's implementation: Pharmacists, doctors and social service agencies. Many Democrats criticized the plan when the GOP-controlled Congress approved it in 2003. Most of their fears have come true. Michigan's two U.S. Sens. Carl Levin and Debbie Stabenow, both Democrats, voted against the plan and now are calling for changes to the program, including allowing the government to negotiate with the drug companies to save taxpayers money on the new benefit.

The initial sign-up period continues through Monday, May 15. Three months into its existence, the Medicare drug benefit has failed to live up to expectations, although it is a vast improvement to what was available before: No Medicare coverage of drugs.

The complaints so far are an urgent call for a close look into what went wrong, how the government can fix it and whether private insurers are any better than the big, bad, bureaucratic government at managing a huge, needed health care benefit.

Group seeks wage increase for home health care workers

Web-posted Mar 1, 2006

By SVEN GUSTAFSON
Of The Oakland Press

An advocacy group representing low-income seniors and disabled residents is pressing lawmakers to boost wages and training and provide benefits for Michigan's estimated 42,000 home care workers.

In her proposed 2007 budget, Gov. Jennifer Granholm is calling for \$20 million to increase wages for home care workers. A state Senate panel Tuesday heard testimony on the proposal, which has yet to be put in bill form, with home care workers, seniors and the disabled descending on Lansing from across the state.

In Lansing on Tuesday to show her support was Eva Reynolds of Lathrup Village. She's paid \$616.19 per month by the state to take care of a 23-year-old whose severe mental and physical disabilities leave him with the abilities of a 7-month-old baby. She estimated she works eight hours a day, seven days a week.

"To me, I would compare it with almost like construction. The lifting, the pulling, the mental exhaustion and the physical exhaustion, it's just work, work, work," said Reynolds, 56. "You don't really get a break. You don't get a vacation."

Pay for home care workers comes from the federal-state Medicaid program but varies by region according largely to need and population, said Michigan Department of Community Health spokesman T.J. Bucholz. He said while details of the governor's proposal are still being fleshed out, giving home care workers a raise would help make the profession more attractive and help reduce the estimated 35 percent turnover rate in the field.

Supporters cite that statistic to say that home care funding is inadequate and makes it difficult to maintain a consistent, well-trained work force. Meanwhile, the demand for home care services will rise dramatically over the next decade, they say.

About 50,000 low-income seniors and disabled residents receive home care in Michigan, including about 3,600 in Oakland County, according to the Michigan Quality Home Care Coalition, which organized caravans of seniors and home care workers Tuesday in Troy, Kalamazoo, Howell, Midland, Flint and Lansing.

"It could be a senior, it could be a middle-aged woman taking care of her child. ... Even now, you have seniors taking care of seniors as home care workers," said Eric Stevenson, the group's Oakland County organizer.

But with Granholm's budget acknowledging a \$400 million structural deficit for the fiscal year beginning Oct. 1, finding money for the raises will likely be tough. A spokesman for Senate Majority Leader Ken Sikkema, R-Wyoming, said lawmakers will have to determine the proposal's overall impact on the budget and its effectiveness in an age of budgeting by priorities. "How is that paid for?" asked Sikkema spokesman Ari Adler. "Because it's either big government is going to pay for this or citizens are going to pay for this through taxes or higher premiums."

But Troy City Councilwoman Christina Broomfield, a supporter of the proposal, said giving home care workers a raise could help the state save money by keeping more disabled residents or seniors in their homes and out of expensive nursing homes. She noted that home care workers cost roughly \$30 per day, compared with the average \$119-per-day cost of being housed in a nursing home. Broomfield's stepfather relies upon a home care worker.

"I will tell you from personal experience if I did not have a home care worker come into my stepfather's home, he would digress very quickly," she said. "If they are allowed to digress, these people will land in a nursing home and we as taxpayers will be stuck with the bill."

Oak Park resident Vandella Carthon receives \$185 per month through the state's Home Help home care program to care for her 24-year-old daughter, Tyisha, who has autism. She helps her daughter bathe, brushes her teeth and helps her dress each day. She survives on the pay, along with a Social Security stipend, and draws health benefits from Ford Motor Co., her former employer.

"The way the economy is today and the cost of living, it would help out a lot to pay bills and utilities," she said.

"I don't mind taking care of my daughter. I love her and thank the Lord for her. This situation is not to have money but to help out, to pay bills. I could get a lot of things for her, too, like for special needs."

Raise sought for home care workers

Midland Daily News 2/28/06

Members of the East Central Michigan Quality Home Care Campaign were scheduled to leave Midland for Lansing this morning to attend a Senate subcommittee hearing chaired by Midland Republican Sen. Tony Stamas.

The hearing is on budget proposals that would increase home care workers' wages.

More than 100 people are expected to attend the hearing -- some coming from Grand Rapids, Detroit, Kalamazoo, Howell, Troy, Flint and the Lansing area.

A group was to leave at 10 a.m. from the Midland Center for the Arts.

A 35 percent turnover rate among home care workers is said to leave senior citizens and those with disabilities at risk, and few other options besides more costly nursing facilities. The East Central Michigan Quality Home Care Campaign is advocating for wage increases and health insurance for home care workers to stabilize the workforce and improve care quality.

More than 50,000 people statewide receive home health care through the state's Home Help program, including 3,650 in the East Central Michigan area.

Caregivers earn \$6.07 an hour on average.

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LIVONIA: Task force on elder abuse sets meeting on finances

Detroit Free Press

March 1, 2006

The Michigan Office of Services to the Aging is convening a meeting of the Governor's Task Force on Elder Abuse from 10 a.m. to 5 p.m. Thursday at Burton Manor, 27777 Schoolcraft in Livonia.

The meeting is open to the public.

Speakers are to address the regulation and oversight of wills, estates, annuities, trusts, transfer on death, insurance and offer suggestions on how to strengthen regulations.

By Zlati Meyer

Infant death rate improves, but racial disparity prevalent

Wednesday, March 01, 2006

SCOTT DAVIS
THE SAGINAW NEWS

The number of infant deaths in Saginaw County reached a record low in 2004 even as the racial disparity in mortality widened, newly released state figures indicate.

Health officials recorded 21 infant deaths in 2004 in Saginaw County -- less than half the rate of 47 when record-keeping began in 1989 -- reports the state Department of Community Health. Overall, the county's infant mortality rate was 7.9 per thousand births in 2004, higher than the state rate of 7.6.

Meanwhile, the rate for deaths among white babies dipped to 5.3 per thousand in 2002-04 from 5.7 in 1999-2001. It increased to 17.8 from 17.3 among blacks infants in the same period.

"The big initiative is focusing on the disparity issue," said Deborah K. Gibson, director of Healthy Start, a division of the County Department of Public Health that helps low-income families care for babies.

"We really target African-Americans in the community to get the disparity to come down."

To lower infant mortality, Healthy Start is using a \$600,000 grant to fund outreach and education efforts for the county's low-income families, many of whom are black.

Even though the racial disparity has risen slightly, health officials note the gap has dipped significantly since the early 1990s.

"They have really narrowed the gap, but they know it's a long way to go," said Rosemary Fournier, a member of the Saginaw County Infant Mortality Coalition, a group whose goal is to reduce infant deaths countywide.

Leading causes of infant death include premature birth, sleeping in unsafe positions and sleeping on a bed with an adult, said Mary Mikulich, a Healthy Start nurse and coordinator of the county's Fetal Infant Mortality Review, a group of health professionals who examine why county infants have died.

Mikulich, who finished a review Tuesday of the 21 deaths in 2004, said 10 died of premature births, five from congenital abnormalities, three from unsafe sleeping positions and one from a breathing-related problem.

Police labeled two others homicides. Six-month-old Derrius Cooper of Saginaw died from a blow to his head Dec. 29, 2004, and 11-month-old Breahna Tait of Tittabawassee Township died of a fractured skull Sept. 14, 2004.

Mikulich said two baby homicides in the same year in the county is unusual.

Likely, she said, the mortality review committee will continue to focus on ways to reduce the number of sleeping position deaths "because it's the most preventable deaths."

Although the figures dipped for 2004, health officials caution not to put too much emphasis on year-to-year numbers, saying they can fluctuate.

In fact, it appears they will do so again in 2005. Mikulich said health officials tentatively have recorded 26 infant deaths last year in the county -- a 24 percent increase.

Scott Davis is a staff writer for The Saginaw News. You may reach him at 776-9665.

Walk results 'just spectacular'

Julie Knauf - jknauf@dailypress.net

ESCANABA - Residents showed their support during the Community Action Agency's annual Walk for Warmth fund-raiser in Escanaba Saturday. The walk is held to raise funds for people in need of financial assistance with heating emergencies.

"The response of the community was just spectacular," said executive assistant of the CAA Cathy Pearson. "It exceeded any expectations we had with the economy being so bad and people paying higher utility and heating costs. Everybody stepped up to the plate and we did really well."

The event did so well, in fact, it brought in a little over \$30,000, the most money ever raised by the walk, she said.

In 13 years of hosting the Walk for Warmth, "the highest we've ever had is \$19,000," said Pearson.

Starting at 10 Saturday morning, about 100 residents made the mile walk from the Elks Lodge at 510 Ludington St. to 14th Street and back, she said.

Giveaway planned for needy

HOMETOWN HEADLINES

FLINT

THE FLINT JOURNAL FIRST EDITION

Tuesday, February 28, 2006

By George Jaksa

gjaksa@flintjournal.com • 810.766.6332

Food, clothing and housewares will be distributed to the needy from 10 a.m.-noon Saturday in Ross Plaza, 2320 W. Pierson Road. The event is sponsored by Abundant Life Center of Flint.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF HUMAN SERVICES
LANSING



MARIANNE UDOW
DIRECTOR

News Release

Contact: Stepheni Schlinker or Maureen Sorbet (517) 373-7394

Charlevoix-Emmet County collaborative receives \$90,000 Great Start Collaborative grant

Early Childhood Investment Corporation grants focus on early childhood development and care

March 1, 2006

CHARLEVOIX – Today the superintendent of the Charlevoix-Emmet ISD joined board members of the Early Childhood Investment Corporation (ECIC) and local legislators to celebrate a \$90,000 grant to support a local Great Start Collaborative that will strengthen early childhood development and care in Charlevoix and Emmet Counties.

Michigan Department of Human Services director Marianne Udow and ECIC chief operating officer Mike Foley presented a ceremonial check to Mark Eckhardt, Charlevoix-Emmet ISD Superintendent.

From the day she took office, Governor Jennifer M. Granholm has maintained that early childhood development and care is a critical investment in the economic viability of the state.

"Children learn more from birth to age three than at any other time, setting the stage for future success in school and in life," Granholm said. "High-quality early childhood development and care is a wise investment in our children and our economy."

The Early Childhood Investment Corporation, which the Governor announced in her 2005 State of the State address, is developing the framework for effective early childhood development and care programs through partnerships with local collaboratives around the state. The local Great Start Collaboratives will use the grant money from the ECIC to conduct a community assessment and develop a strategic plan for the development of a comprehensive system of early childhood services and supports, accessible to all children from birth to kindergarten and their families.

"These grants will help bring together the public and private sectors, including government, business, civic, faith, education, and community groups to develop a long-standing, sustained focus on early learning and childhood development," said Mike Foley. "The board was able to award this first round of grants with the resources currently available, and is committed to funding Great Start Collaboratives throughout the state as new funding sources are identified."

Intermediate school districts will act as fiduciaries for the grants. In addition to Charlevoix-Emmet ISD, 13 other ISDs and RESAs around the state were also awarded funding for planning and/or implementation of Great Start Collaboratives.

-MORE-

"Children who participate in high-quality early childhood development programs are better prepared to enter elementary school, are more likely to pursue secondary education and have lower dropout rates and higher high school graduation rates," DHS Director Marianne Udow said. "By improving the skills of a large fraction of the workforce, these programs for poor children will reduce poverty and strengthen the state's ability to compete in the global market."

For more information about the ECIC and Great Start collaboratives, visit the Project Great Start Web site at www.michigan.gov/greatstart

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